

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-0007.M2

NOTICE OF INDEPENDENT REVIEW DECISION

July 28, 2003

RE:

MDR Tracking #: M2-03-1282-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient had an undefined injury on ____ involving loss of consciousness, concussion, and complaints of pain in right shoulder and neck. He had surgery on the right shoulder sometime in the months that followed. He continues to have pain in the same region. An MRI performed 05/20/02 was normal.

Requested Service(s)

Decompression of the right shoulder

Decision

It is determined that the proposed decompression of the right shoulder is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

An MRI of the right shoulder dated 04/23/01 reported "finding indicates a rotator cuff impingement with chronic tendonitis" but a partial tear of the rotator cuff could not be excluded. X-rays done of the right shoulder from 09/12/01 reported an "absence of the distal end of the right clavicle". Surgery had been performed; however, no operative report is available to determine what the surgery included.

With surgery of the right shoulder now being considered again, a repeat MRI of the shoulder performed 05/20/02 reported a "normal MRI of the right shoulder". In addition, the history, symptoms, physical findings, the MRI from 05/20/02, and the history of treatment as provided in the documentation are inadequate and do

not support the need for the proposed procedure. Therefore, it is determined that the proposed decompression of the right shoulder is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28 th day of July 2003.
